## REINSTATEMENT FORM FOR RESIDENT BUSINESS ENTITY

Date:	License Number:		FEIN #:
Name:			
Signature of Officer of the Firm:			
PLEASE REINSTATE MY FIRM'S LICENSE. BELOW IS THE CURRENT ADDRESS INFORMATION.			
DESIGNATED PRODUCI			
LIC#	(name of producer)		
LIC #(Idaho license #)	<del></del>		
<b>Business Name:</b>			
Business Address: (Please include suite number if applicable)			
Business Phone #			Toll Free #
Fax Number:			
E-Mail Address			
E-Wall Address			
Contact			
Mailing Address: (If different from Business address)			

## \*PLEASE COMPLETE THE ENTIRE FORM EVEN IF ADDRESS HAS NOT CHANGED IN ALL AREAS\*

Please attach a check or money order in the amount of \$160, made payable to: **IDAHO DEPARTMENT OF INSURANCE**. Mail to address below. Please contact us if you have any questions. **NOTE:** You may not reinstate an agency license 1 year after the license expiration date. You must reapply by paper.

Mail to: IDAHO DEPARTMENT OF INSURANCE

700 W STATE ST FL 3 PO BOX 83720 BOISE ID 83720-0043

Questions? Please contact us.

Phone: 208-334-4250 Fax: 208-334-4398 Contact:  $\underline{agent@doi.idaho.gov}$  www.doi.idaho.gov